

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
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| 12 | | 1 | | | | |
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| 16 | | | | | | |
| 17 | 1 | | | | | |
| 18 | | 1 | | | | |
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| 30 | 1 | | | | | |
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| 37 | | | | | | |
| 38 | | 1 | | | | |
| 39 | | | | | | |
| 40 | | | | | | |
| 41 | | 1 | | | | |
| 42 | 1 | | | | | |
| 43 | 1 | | | | | |
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| 48 | | | | | | |
| 49 | | | | | | |
| 50 | | | | | | |
| TOTAL IND. | 5 | | 1 | 1 | 1 | 1 |
| TOTAL DEP. | 38 | | 1 | 1 | 1 | 1 |
| TOTAL CLAIMS | 43 | | 1 | 1 | 1 | 1 |

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|--------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | | | 1 | 1 | 1 | 1 |
| TOTAL DEP. | | | 1 | 1 | 1 | 1 |
| TOTAL CLAIMS | | | 1 | 1 | 1 | 1 |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS